

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-029147

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 195

Primary Registration District No. 4309

Registrar's No. 41-63

STATE FILE NUMBER

FILED JUL 23 1963

1. PLACE OF DEATH

a. COUNTY

Mc Donald

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN South West City

Length of stay in lb
14 years

c. CITY OR TOWN South West City

Inside Limits
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Home S. Invalid

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
South Invalid

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First Middle Last
Rosie (None) Church

4. DATE OF DEATH
Month Day Year
July 11, 1963

5. SEX
Female

6. COLOR OR RACE
white

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
4/14/1889

9. AGE (last birthday)
74

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)
House wife

10b. KIND OF BUSINESS OR INDUSTRY
Same

11. BIRTHPLACE (City and state or country)
Seneca, Mo.

12. CITIZEN OF WHAT COUNTRY
Newton U.S.A.

13a. FATHER'S NAME

Kellup Crowder

13b. MOTHER'S MAIDEN NAME

Lizzetta Laggars

14. NAME OF HUSBAND OR WIFE

Mark Church

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mark Church South West City

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Arteriosclerotic Heart Disease

INTERVAL BETWEEN
ONSET AND DEATH

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Arteriosclerotic-generalized

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

(1) Hypertrophic Osteo-arthritis (Politis & Durbin)

PART III. If deceased was female was
there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.
Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 4-5-55 to 7-11-63 and last saw her alive on 6-18-63.
Death occurred at 7:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION,
REMOVAL (Specify)
Removal

23b. DATE
7/13/63

23c. NAME OF CEMETERY OR CREMATORY
Neosho Memorial Park

23d. LOCATION (City, town, or county)
Neosho, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Downey-Woodard-Mooney, Southwest City July 17, 1963 Mary A. Bradley

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

VS 300
Rev. 4/59

1 0600

2 0600

3

4 1

5 1

6

7 0

8 0

9 4200

10

11

12 90-0

13 10

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Walter A. W. [Signature]

Licensed Embalmer No. 5172

P. O. Address Moel, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

REMOVAL PERMIT ISSUED

7/11/63